

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

February 18, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of The Isles Pub & Pizza, 6242 Havelock requesting a class D liquor license.

This location was previously known as Tobacco Shack Pub which held a class D liquor license

David Cole, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager of a liquor license.

The required training will be renewed on April 8, 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) The Isles Pub & Pizza

Street Address #1 6242 Haverlock Avenue

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68507

Premise Telephone number 402-444-1858

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name DAVID L. Cole

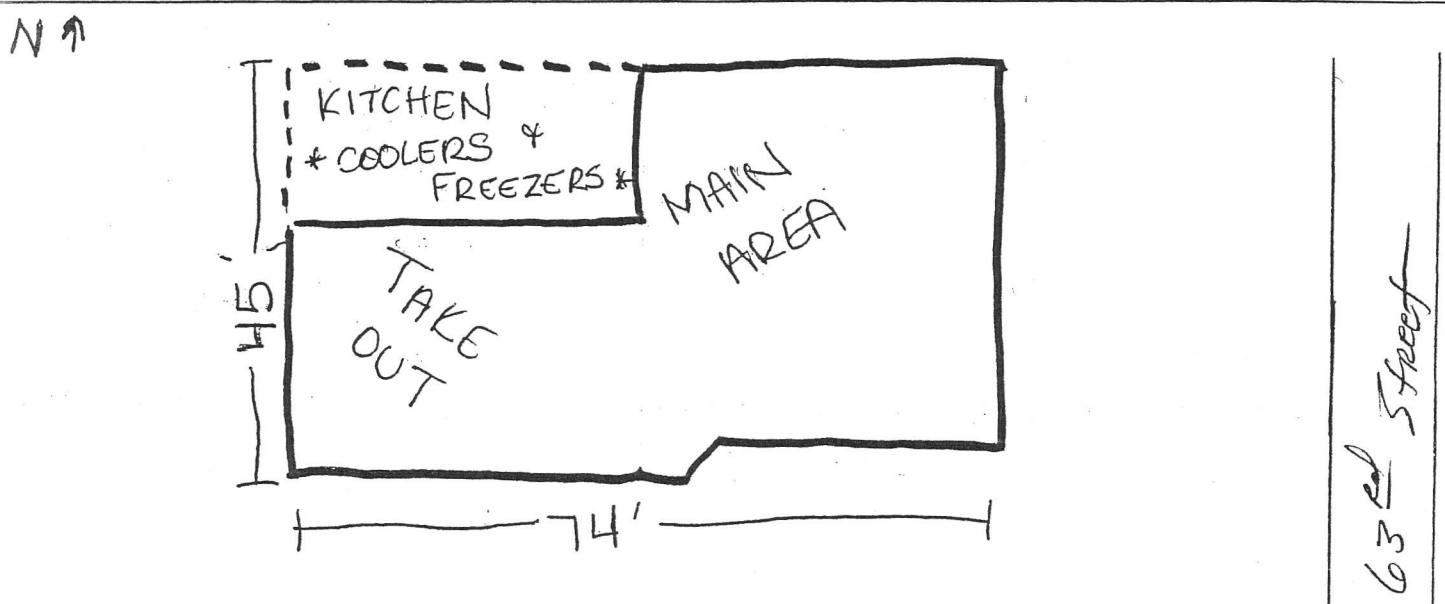
Street Address #1 6232 Haverlock Avenue

Street Address #2 _____

City Lincoln State Nebraska Zip Code 68507

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.
**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms



This entire Area is to be Licensed !!
Approx Dimension to be Licensed 45' X 74'

ALSO: see attached

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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NEBRASKA LIQUOR
CONTROL COMMISSION

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number _____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many? _____

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender _____

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

3. Are your premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Pinacle Bank Harwood Branch David Cole
Ray Buettgenbach

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

CLASS C - CK1151 CLASS I I-71235

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

a) Individual, applicant only (no spouse)

b) Partnership, all partners (no spouses)

☒ c) Corporation, manager only (no spouse)

d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
<u>DAVID L. Cole</u>	<u>06/01/84 - Present</u>	<u>Owner/Manager The Isle Pub & Pizzeria</u>
<u>DAVID L. Cole</u>	<u>June (Annually)</u>	<u>RAY Wiese City of Lincoln 435-5708</u>

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date MAY 1ST 2010 - APRIL 30, 2015

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? Approximately May 1st, 2010

15. What will be the main nature of business?

16. What are the anticipated hours of operation? 6am - midnight

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE LAST 10 YEARS: APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
<u>4200 N 112th Street</u>	<u>2000 2010</u>		

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.



Signature of Applicant

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Signature of Spouse

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Signature of Applicant

NEBRASKA LIQUOR
CONTROL COMMISSION

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

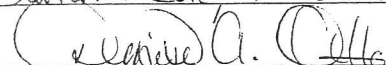
County of Lancaster

County of _____

The foregoing instrument was acknowledged before me this 12th day of February, 2010

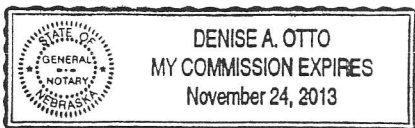
The foregoing instrument was acknowledged before me this _____ by _____

David L. Cole, President, D.L. Cole, Inc.


Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: David L. Cole

Name of Corporation that will hold license as listed on the Articles

D. L. Cole, Incorporated

Corporation Address: 6232 Haverock Avenue

City: Lincoln State: NEBRASKA Zip Code: 68507

Corporation Phone Number: 402-464-1858 Fax Number: 402-464-0760

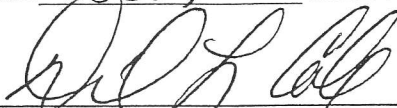
Total Number of Corporation Shares Issued: (100%) 10,000 SHARES

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Cole First Name: David MI: LeRoy

Home Address: 4200 N 112th Street City: Lincoln

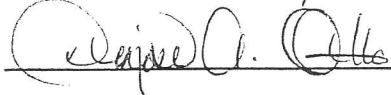
State: Nebe. Zip Code: 68527 Home Phone Number: 402-499-8791



Signature of president

County of LANCASTER

The foregoing instrument was acknowledged before me this 10th day of February 2010 by
David L. Cole, President of D. L. Cole, Incorporated



Notary Public signature

Affix Seal Here



DENISE A. OTTO
MY COMMISSION EXPIRES
November 24, 2013

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Cole First Name: DAVID MI: LeRay

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares: 10,000

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: JANUARY 1ST Ending Date: DECEMBER 31ST

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

MANAGER APPLICATION
INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: D. L. Cole, Inc. dba The Isles Pub & Pizza

Premise information

Premise License Number: Pending
(if new application leave blank)

Premise Trade Name/DBA: The Isles Pub & Pizza

Premise Street Address: 6242 Havocock Avenue

City: Lincoln, Nebraska Zip Code: 68507

Premise Phone Number: 402-464-1858

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Cole First Name: DAVID MI: LeRoy

Home Address (include PO Box if applicable): 4200 North 112th Street

City: Lincoln State: Nebraska Zip Code: 68527

Home Phone Number: 402-499-8791 Business Phone Number: 402-464-1858

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Osceola, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
4200 N 112 th St	2000 2010		
Lincoln, Nebr. 68527			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1981 1984	Misty's Inc.	Bob Milton	deceased
1976 1981	Beins Farms Inc.	Ron Beins	deceased

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

D.L. Cole, Inc. dba The Isles Pub & Pizza (CK 11551)
D.L. Cole, Inc. dba The Isles Reception Hall (#71235)

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date:	Where:
25 YEARS	The Isles Pub & Pizza
ANNUALLY (June)	RAV. Wiese City of Lincoln (Special Events)

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant

Signature of Spouse

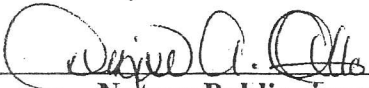
State of Nebraska

County of Lancaster

County of _____

The foregoing instrument was acknowledged before me this 12th day of February 2010 by David L. Cole, President of D.L. Cole, Inc.

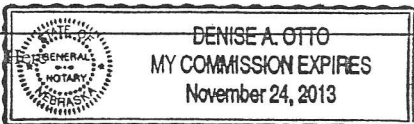
The foregoing instrument was acknowledged before me this _____ by _____



Notary Public signature

Notary Public signature

Affix Seal



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In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008



NEBRASKA LIQUOR
CONTROL COMMISSION

FEB 12 2010

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